

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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JAN 15 2019

Please type or print in ink.

## RECEIVED

NAME OF	FILER (LAST)	(FIRST)		(MIDDLE)		
Domir	nguez	Karina		R		
1. Offi	ce, Agency, or Court					
Age	ncy Name (Do not use acronyms)					
Cit	y of Milpitas		ı			
Divis	ion, Board, Department, District, if applicable		Your Position			
			City Councilmember			
► If	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
Age	ncy: City of Milpitas		Position: City Councilmemb	oer		
2 Ju	isdiction of Office (Check at least one box)					
	State		☐ Judge or Court Commissioner (S	Statewide Jurisdiction)		
_	Multi-County			•		
	Milnitas		County of	•		
[X] (	City of Williams		Other			
3. Typ	pe of Statement (Check at least one box)					
	Annual: The period covered is January 1, 2017, throu	ıgh	Leaving Office: Date Left			
	December 31, 2017.		(Check one)			
	The period covered is/	, through	<ul> <li>The period covered is Janual leaving office.</li> <li>-or-</li> </ul>	ary 1, 2017, through the date of		
X	Assuming Office: Date assumed 12 18 2	2018	<ul><li>The period covered is</li><li>the date of leaving office.</li></ul>	_/, through		
	Candidate: Date of Election a	and office sought,	if different than Part 1:			
4. Schedule Summary (must complete) ► Total number of pages including this cover page:						
Sci	nedules attached					
[	Schedule A-1 - Investments – schedule attached		Schedule C - Income, Loans, & Busines	ss Positions – schedule attached		
	Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule	e attached		
[	Schedule B - Real Property – schedule attached		Schedule E - Income – Gifts – Travel P	ayments - schedule attached		
-or-	Mama N. (11.1)					
	None - No reportable interests on any sche	dule				
	fication	OLTV	AT-LTC			
	NG ADDRESS STREET less or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE		
	5 E Calaveras Blvd  IME TELEPHONE NUMBER	Milpita		95035		
	08 ) 586-3031		E-MAIL ADDRESS kdominguez@ci.milpitas.ca.gov	1		
l hav	nave used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained erein and in any attached schedules is true and complete. I acknowledge this is a public document.					
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
Date	Signed	Si	ignature			
	(month, day, year)		(File the originally signed state	ment with your filing official.)		



## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received CITY of barks Office

JAN 04 2019

Please type or print in ink.			DEACH			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)			
Montano	Carmen					
1. Office, Agency, or Court						
Agency Name (Do not use acronyms)						
City of Milpitas						
Division, Board, Department, District, if applicable	ACMINISTRAL MEDICAL MEDICAL STREET, CONTROL OF THE	Your Position				
City Council		City Councilmember				
► If filing for multiple positions, list below or on an at	tachment. (Do not use acro	onyms)				
Agency:	<b>M</b>	Position:				
2. Jurisdiction of Office (Check at least one b	oox)					
State		☐ Judge or Court Commissioner (St	atewide Jurisdiction)			
Multi-County		County of				
⊠ City of Milpitas		Other				
City of		Other				
3. Type of Statement (Check at least one box)						
Annual: The period covered is January 1, 2017, December 31, 2017.	through	Leaving Office: Date Left (Check one)				
-or- The period covered is	, through	<ul> <li>The period covered is Januar</li> <li>leaving office.</li> </ul>	ry 1, 2017, through the date of			
Assuming Office: Date assumed 12 18	J2018	<ul> <li>The period covered is</li> <li>the date of leaving office.</li> </ul>	J, through			
Candidate: Date of Election	and office sought, if dif	ferent than Part 1:				
4. Schedule Summary (must complete)	► Total number of p	pages including this cover pa	nge:			
Schedules attached						
Schedule A-1 - Investments – schedule attacl	hed Sch	nedule C - Income, Loans, & Busines	s Positions - schedule attached			
Schedule A-2 - Investments - schedule attact	☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached					
Schedule B - Real Property – schedule attact	ned Sch	nedule E - Income – Gifts – Travel Pa	ayments - schedule attached			
-or-						
None - No reportable interests on any	schedule					
5. Verification						
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE			
455 E Calaveras Blvd	Milpitas	CA	95035			
DAYTIME TELEPHONE NUMBER		AIL ADDRESS				
( 408 ) 586-3000						
	have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained erein and in any attached schedules is true and complete. I acknowledge this is a public document.  certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
I certify under penalty of perjury under the laws o						
Date Signed December 29, 2018	Date Signed December 29, 2018 Signature Vay					
Date Signed	Signat	(File the originally signed state)	ment with your filing official.)			